

OFFICE OF REFUGEE RESETTLEMENT
Division of Children's Services
TRANSFER REQUEST AND TRACKING FORM

Minor's Profile

Alien Number	FINS Number	Last Name	First Name	AKA	Date of Placement in Current Facility
Height	Weight	DOB	Age	COB	Date of Initial Placement
	92				
Eye Color	Identifying Marks				
Brown					

Current Care Provider Facility

Current Program	Program Type	Case Worker		
Southwest Key Campbell	Shelter	Mariela Martinez		
Address	City	State	Zip	Phone
2613 W. Campbell Avenue	Phoenix	AZ	85014	

Care Provider Transfer Recommendation	Has the minor's attorney been contacted? **				
Type of Facility Requested	Proposed Facility	Requestor	Request Date	Attorney of Record	Phone
Secure	Yolo County Juvenile Detenti	Mariela Martinez	04/22/2017		

ORR Transfer Decision

Name of ORR Decision Maker	Designated Care Provider Facility	Type of Care Provider Facility
Teresa Brooks	Yolo County Juvenile Detention	Secure

New Care Provider Facility

New Program	Program Type			
Yolo County Juvenile Detention	Secure			
Address	City	State	Zip	Phone
2880 East Gibson Road	Woodland	CA	95776	

Transfer Packet (for each minor)

Please follow checklist in the Transfer Procedures when completing minor's transfer packet, check box to indicate the packet is completed	
List of Minor's Belongings (be sure to include medication)	

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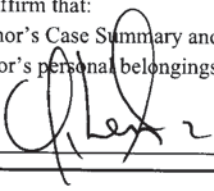
Departure/Arrival Information

Departure	Date	Time	Transportating Staff	Name	Title
	4-23-17	4:30 PM		Luis Barroja	Shift Leader

By signing below, I affirm that:

1) I have read the minor's Case Summary and Individual Service Plan (ISP) and am aware of all documented special needs.

2) The list of the minor's personal belongings is complete and accurate.

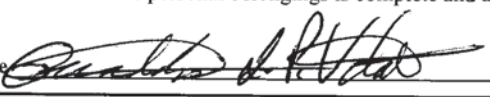
Signature  Date 4-23-2017

Arrival	Date	Time	Receiving Staff	Name	Title
	4/23/17	10:53am		Guadalupe Vital	Case Manager

By signing below, I affirm that:

1) I have read the minor's Case File Summary and Individual Service Plan (ISP) and am aware of all documented special needs.

2) The list of the minor's personal belongings is complete and accurate.

Signature  Date 4/23/17

Distribution of this form is restricted to ORR staff, grantees and contractors (including voluntary agencies, Child Advocates, and legal service providers); UAC attorneys of record; the U.S. Department of Homeland Security; and the Executive Office for Immigration Review. This form may not be distributed to any other party without the written authorization of ORR/DCS.

Transfer Request

UAC Basic Information

First Name:

Last Name:

AKA:

Status:

DISCHARGED

Date of Birth:

3/26/2002

A No.:

Age:

Country of Birth:

Gender:

LOS:

Current Program:

Southwest Key Campbell

Admitted Date:

4/21/2017

Transfer request

Minor's Profile:

Height(ft & inches):

Weight(lbs):

Eye Color:

Identification Marks:

Transfer Request:

Type of Program Requested: Secure

Requested Date: 4/22/2017

Requesting Party:

Requester Name: Mariela Martinez

Requester Title: Case Manager

Requester Phone: 6025676479

Case Coordination:

Concur with Requesting Party? ☒ Yes ☐ No

If not, specify:

Type of Program Recommended: Secure

Case Coordinator Proposed Program: Yolo County Juvenile Detention

Case Coordinator Name: n/a

Recommended Date:

Reason for Transfer Request:

Shelter & Foster Care Only: ☐ Standard Placement

Secure & Staff Secure Only

☐ Convicted as Adult☐ Adjudicated Delinquent☐ Criminal Charges☒ Chargeable

Any Program Type:

☐ To provide a less restrictive setting (transfer only) ☐ Disruptive Behavior☐ To provide a more restrictive setting (transfer only) ☐ Minor's Safety☐ Minor's Medical Health☒ Flight Risk☐ Minor's Mental Health☐ Emergency Influx☒ Violent/Threatening BehaviorHas the Minor's Attorney Been Contacted? ☐ Yes ☒ No

Attorney Phone:

Attorney of Record:

Casefile Summaries

Information Relating to Minor's casefile

☐ Pregnancy☐ Diagnosed Behavior/Illness with no Medications☐ Injury☐ Diagnosed Behavior/Illness with Medications☐ Illness☐ Non-violent Conviction☒ Non-diagnosed Behavior/Illness with no Medications ☐ Non-violent Charge☐ Non-diagnosed Behavior/Illness with Medications ☐ Charge(s) Dropped

Minor's Medical/Mental

Medical: Client arrived on 04/21/17.

Health Summary:

04/24/17. Client has not expressed any medical concerns.

Behavior Summary: (history of: flight risk, aggressive/assaultive & sexually inappropriate behaviors)

Current Status of Family

Reunification:

Immigration Court Status:

Case Manager Comments

Case Manager Name: Mariela Martinez

Case Manager Comments:

Case Manager Suggests ☒ Yes ☐ No

TMS Historical Transfer

Transfer?:

Request?:

Date of Case Manager 4/22/2017

Comments:

ORR/DCS Decision

Comments: Transfer approved

Decision: ☐ Pending

Date of Decision: 4/22/2017

☒ Approve☐ Disapprove☐ Remanded, please provide info as detailed in comments

Name of ORR Decision Maker: Teresa Brooks

Transfer Packet (for each minor)

Please follow checklist in the Transfer Procedures when completing minor's transfer packet, check the checkbox to indicate the packet is completed. ☐

List of Minor's Belongings (be sure to include medication and explain dosage in medical/mental health summary)

COA - COV

Request Type ☐ Change of Address

Transfer Sch. to Take Place on:

☒ Change of ValueNext Sch. Court Appearance for
this Juvenile is:

Reason for less than 48 hours notice to ICE (if applicable) :

Good cause exists to change venue in this matter pursuant to 8 C.F.R. & 1003.20 (b) for the following reason(s);

☐ ORR has decided to relocate the respondent to an area where space is available/ appropriate services can be provided, since Juvenile detention space is limited in☐ The minor has a special need (e.g., pregnancy of juvenile, medical needs, etc.), please specify☐ Other, please specify

Departure/Arrival Information

Departure Date:

Departure Time:

Transporting Staff Name:

Transporting Staff Title:

Transporting Staff Comments:

Arrival Date:

Arrival Time:

Receiving Staff Name:

Receiving Staff Title:

Receiving Staff Comments:

UAC Basic Information

First Name:

Last Name:

AKA:

Status:

DISCHARGED

Date of Birth:

A No.:

Age:

Country of Birth:

Gender:

LOS:

Current Program:

Southwest Key Campbell

Admitted Date:

4/21/2017

Discharge Notification

Date of Discharge:	4/23/2017	Time of Discharge:	04:30 AM
Type Of Discharge:	Transfer	Sponsor Name:	
Sponsor DOB:		Relationship to UAC:	
Prove of Relationship:		Date of Decision:	4/22/2017
ORR Decision:	<input type="radio"/> Pending <input checked="" type="radio"/> Approve <input type="radio"/> Disapprove <input type="radio"/> Remanded, please provide info as detailed in comments		
Program Minor was Transferred to:	Yolo County Juvenile Detention	DHS Family Shelter:	
Local Law Enforcement:			
Specify, if Other is Selected:			
Address:	2880 East Gibson Road		
City:	Woodland		
State:	California	Zip Code:	95776
Phone:			
Legal Status of Minor:	NTA (in removal proceedings)		